

2010 Membership Application for the North Central Ohio Human Resource Association (NOHRA)

(You CAN be a NOHRA member without being a member of SHRM)

Date: _____ Title (check one) ___ Mr. ___ Mrs. ___ Ms. ___ Dr.

First Name: _____ Last Name: _____

SHRM Membership Number _____ Professional Designation (PHR,SPHR) _____

Position/Title: _____ Work Phone: (____) _____

Company: _____ Fax Number: (____) _____

Work Address: _____ City/State/Zip: _____

E-Mail Address: _____ Home Phone: (____) _____

Home Address: _____ City/State/Zip: _____

Number of Years involved in the Human Resource Profession: _____

What is your primary Human Resource function? (Mark no more than two)

____ Benefits ____ Worker's Comp. ____ Employment
____ Health/Safety ____ Labor Relations ____ Employment Law
____ Training/Development ____ HR Generalist ____ Other _____

Applicant's Signature: _____ Date: _____

Note: NOHRA membership dues for 2010 are:

\$25.00 - for SHRM members who have designated NOHRA as their
SHRM-affiliate chapter

\$35.00 - for non-SHRM members.

Please forward this signed membership application, along with a check or money order
made payable to: NOHRA to the address below:

NOHRA
P.O. Box 91
Mansfield, OH 44901

I would like to see the following topics on NOHRA's 2010 meeting schedule:
